

## **White House Conference on Aging Post-Event Summary Report**

Name of Event: 2005 Conference on Aging Town Hall Meeting Series

Date of Event: March 10, 2005 , April 14, 2005, May 12, 2005, June 16, 2005  
And July 14, 2005 (A series of 5 Town Hall Meetings)

Location of Event: McConnelsville, Ohio; Middleport, Ohio; Caldwell, Ohio;  
Nelsonville, Ohio and Marietta, Ohio

Number of Persons attending: 200 Total for all five (5) Town Hall Meetings

Sponsoring Organization(s): Area Agency on Aging at Buckeye Hills

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**Priority Issue #1:** The inability to access much needed service(s) continues to be a major issue for consumers in rural Appalachia. Preventative medical care is typically ignored as consumers do not have readily available access to transportation, often resulting in a crisis medical situation and much higher medical costs. Whether it is medical care, transportation, or funds to access service, consumers in rural Appalachia struggle everyday with poverty, a limited number of health care professionals in their area and minimal services due to the insufficient funding provided to meet the needs of Appalachia's vast geographic areas. With the projected increase in the aging population over the next decade, it is certain that rural Appalachia will be facing an increased demand for services as funding continues to decrease leaving those needs unmet and, as a result, much higher costs in the long run.

The 2000 Census shows that five (5) of the eight (8) counties in our rural Appalachia district do not have a hospital or emergency care facility. Four of the eight counties have 5 or less physicians and there are no critical access hospitals in these areas. This translates to individuals having to travel from 100-150 miles one way averaging 1-2 hours in travel to receive basic care as well as emergency services. Rising fuel cost

have also put constraints on the services being provided. The trend is for individuals to wait until they become extremely ill and then seek care thus ending in a Nursing Facility rather than their own home. Research indicates that early intervention with medical care and services prevent catastrophic incidents and can help individuals remain in their community and home rather than going to a nursing facility.

The 2000 Census projections show that by 2020 the 60+ population will more than double adding strain to a system that is currently under funded and stretched to provide needed assistance.

## **Barriers:**

### **Decrease funding of Social Services Block Grant (SSBG) and flat line funding of the Older Americans Act.**

In each of the five (5) Town Hall Meetings access to services was a major issue. Individuals expressed concern that decreases in block grant funding over the last five years have affected services such as transportation and meals; two services which are critical to maintaining independence. Rising fuel cost is of paramount concern in reference to transportation. As fuel costs rise, the cost of transportation raises along with it. This increased cost coupled with rising insurance rates and maintenance expenses further burdens already tight budgets reducing the amount of transportation services available to the consumers in Southeastern Ohio. While Older Americans Act funding has remained level during this time it is anticipated that funding cuts will occur in the next budget. As state funding dwindles, the ability to match the federal dollar becomes questionable further compromising these much-needed services. Funding allocations for rural areas are significantly less due to a smaller population as compared to urban areas. However, the geographic area covered is significantly higher than that of an urban area resulting in a higher cost to deliver services. Less funding combined with a higher cost of service delivery results in fewer available services for the consumers residing in Southeastern Ohio. Again, the lack of accessible service(s) only serves to increase the risk of a much greater cost in the long run.

### **Lack of Critical Access Hospitals and Physicians in Rural Appalachia.**

Consumers who attended the Town Hall Meetings raised concerns about the lack of local medical professionals and facilities. The need for additional physicians and hospitals in each county is of paramount importance. In order to practice preventive medicine, physicians should be located reasonably close to consumers. With four (4) of our eight (8) rural counties having five (5) or less physicians, preventive medicine is hard to accomplish. Consumers also expressed concerns that five (5) of the eight (8) counties have no hospital or critical access facility. Consumers shared personal experiences of being transported 1 to 2 hours away from home to a critical access hospital only to be discharged in 24 hours or less and having no means to return to their home or the ability to access follow-up care.

## **Proposed Solutions:**

- 1. Traditionally, funding allocations have been based on population density. A more densely populated area would receive a larger allocation whereas sparsely populated rural areas receive less. It is proposed that the White House Conference on Aging Policy Committee take into consideration the higher cost of service delivery in rural areas and the equity in access; thereby establishing a priority funding allocation that would take into account the number of persons per square mile (i.e. a rural surcharge). This surcharge would allow the more rural areas easier access to much needed service(s).**
- 2. The 2005 Conference on Aging Town Hall Meetings Series recommends that the White House Conference on Aging Policy Committee look at establishing a joint committee for Aging and Rural Health entities to address the issue of local access to preventive care and service delivery in underserved rural areas.**

**Priority Issue # 2:** Consumer Choice as related to the Long-term Care Continuum of Care is the second priority issue of the 2005 Conference on Aging Town Hall Meeting Series. The Continuum has to address the full system from independent living to end of life choices as well as every stage in between.

Over the last ten (10) years, there has been a significant increase in the 85+ population in rural Appalachia. However, there has been a decrease in the occupancy rate of Long-term Care Facilities. Studies completed by Scripps Gerontology Center at Miami University show that the decrease in nursing home population is due to the expansion of Community Based Long-term Care options. This study shows that as a nation we have not addressed Long-term Care in a systemic way. Policy for Long-term Care is so tied to budgets that we do not address policy outside of the budget season. We need to step back, re-evaluate, and create a national system. Consumer choice needs to be at the forefront of this system that would span the full continuum from independent living, community based services, assisted living, nursing facility and hospice end of life.

At each of the five (5) Town Hall Meetings consumers expressed their desire to continue to have choices in their care whether they remain in their home with help or if they have entered an assisted living facility or Nursing facility. The consumers also expressed the need for choice in the area of nutrition.

## **Barriers:**

**Policies for Long-term Care and budgets tied together.**

On the whole the long-term care policies are only addressed during the budget season. Funding is always going to be an issue, however if we as a nation are going to meet the needs of 60+ individuals now and in the future with the influx of the baby boomers we need to address policies over the long-term. As a nation we need to develop a systematic approach to address these needs as they arise rather than only during budget talks.

### **Consumer Choice is often limited or restricted due to budget restraints**

At the present time most programs are income driven, which forces consumers to make the decision to disperse their assets to receive assistance and face the possibility of not having funds to meet emergencies such as a new roof for their home, or going without assistance and ending up in a nursing facility.

We as a nation need to give the choice back to consumers, by establishing programs that are not income based.

### **At the present time there is no national system of long-term care options.**

Currently each state has their own system to address the long-term care continuum. We need to make the continuum consistent across the nation, in order to address policy and standards for care.

### **At the present time Nutrition Services both Congregate and Home Delivered Meals offer regular meals and modifications in salt, fat, or sugar upon request.**

Traditionally Congregate and Home Delivered Meals have one meal offering per day. The consumer either eats what is offered, has the option to request a modified meal in salt, fat or sugar, or goes without the meal. At all 5 Town Hall Meetings consumers expressed the desire for choice whether it is restaurant style offering multiple entrees, a meal with the option of a salad bar, or vouchers for an actual restaurant.

### **Proposed Solutions:**

- 1. The 2005 Conference on Aging Town Hall Meeting Series recommends that the White House Conference on Aging Policy Committee make as a priority establishing policy to standardize the long-term care continuum across the**

**states. This can be achieved by adding language to the Older Americans Act, which addresses the full continuum from services for independent community based living to nursing homes and end of life issues.**

- 2. The 2005 Conference on Aging Town Hall Meetings Series recommends that the White House Conference on Aging Policy Committee make as a priority policy changes to the Older Americans Act to include client choice for nutrition services with additional funds to assist in meeting the needs. This policy should include the provision for traditional meals as well as vouchers for non-traditional meals, affording consumers choice and providing the needed funds to meet these changes.**
- 3. The 2005 Conference on Aging Town Hall Meeting Series recommends the White House Conference on Aging Policy Committee make as a priority establishing policy that would address continued funding for programs that address preventative care for those individuals who fall between Medicaid and insurance. Thus allowing individuals to receive needed services earlier without depleting their safety nets.**